

THE STATE OF MONTANA

Commissioner of Political Practices
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
Phone: 406-444-2942
Fax : 406-444-1643
www.politicalpractices.mt.gov

HAND DELIVERED

FOR OFFICE USE ONLY

RECEIVED

2015 NOV 16 A 9:47

COMMISSIONER OF
POLITICAL PRACTICES

CERTIFIED MAIL

SIGNED/NOTARIZED

Campaign Finance and Practices

Complaint Form (10/09)

Type or print in ink all information on this form except for verification signature

Person bringing complaint (Complainant):

Complete Name Jason Maxwell
Complete Mailing Address 4232 Hermione Lane
Missoula, MT 59808
Phone Numbers: Work 406.370.5792 Home _____

Person or organization against whom complaint is brought (Respondent):

Complete Name KC York, 103 S 9th Street, Suite 106, Hamilton, MT 59840
Complete Mailing Address Trap Free Montana Public Lands, P.O. Box 1347, Hamilton, MT 59840
Office of Montana COPP, P.O. Box 202401, Helena, MT 59620-2401
Phone Numbers: Work _____ Home _____

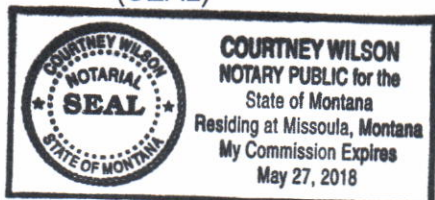
Please complete the second page of this form and describe in detail the facts of the alleged violation.

Verification by oath or affirmation

State of Montana, County of Missoula

I, JASON L. MAXWELL, being duly sworn, state that the information in this Complaint is complete, true, and correct, to the best of my knowledge and belief.

(SEAL)

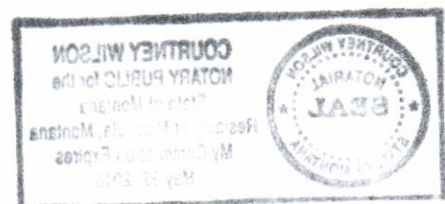


My Commission Expires: May 27, 2018

Jason L. Maxwell
Signature of Complainant

Subscribed and sworn to before me this 5th day of November, 2015.

Courtney Wilson
Notary Public



Statement of facts:

Describe in detail the alleged violation(s) and cite the statute or statutes you believe have been violated. Please attach copies of documentary evidence to support the facts alleged in your statement.

If the space provided below is insufficient, you may attach additional pages as necessary.

See attached Complaint

Complaints must be:

- signed
- notarized
- delivered in person or by certified mail.

COMPLAINT AGAINST KC YORK, PERSONALLY, AND TRAP FREE MONTANA PUBLIC LANDS, A BALLOT INITIATIVE COMMITTEE

This Complaint is filed by:

Jason Maxwell
4232 Hermione Lane
Missoula, MT 59808
406.370.5792

This Complaint is filed against:

KC York, a resident of Bitterroot County, Montana (personally)
103 S 9th Street, Suite 106
Hamilton, MT 59840

Trap Free Montana Public Lands, a ballot initiative committee
P.O. Box 1347
Hamilton, MT 59840

The Office of the Montana Commissioner of Political Practices
1205 Eighth Avenue
P.O. Box 202401
Helena, MT 59620-2401

OPERATIVE FACTS

1. The Montana Commissioner of Political Practices Office is a state agency, which such agency is tasked with overseeing election and campaign activities.
2. Employees of the Office of the Commissioner of Political Practices are public employees.
3. KC York is a resident of Bitterroot County, Montana.
4. KC York works for Ravalli County Early Head Start, Inc. See, Exhibit "1."
5. Ravalli Early Head Start is located in Hamilton, Montana. See, Exhibit "2."
6. As of October 30, 2015, KC York is listed on the REHS Staff Directory as a "home visitor."
7. Ravalli Early Head Start is a federally funded program. See, Exhibit "3."
8. Ravalli Early Head Start is a private non-profit community action agency.
9. Non-profit entities are expressly prohibited by law from engaging in political campaigns or being involved in political activities.

10. Upon information and belief, KC York's salary is paid by the taxpayer. However, the undersigned is unable to confirm this as Ravalli County Early Head Start refused to answer this question when asked.
11. In addition to being a public employee, KC York is also the Deputy Treasurer for Trap Free Montana Public Lands.
12. Trap Free Montana Public Lands is a 2015-16 ballot initiative committee registered with the State of Montana, by and through the Montana Commissioner of Political Practices.
13. Trap Free Montana Public Lands' mission is to ban private trapping in Montana.
14. KC York was previously the Executive Director of Footloose Montana, an anti-trapping organization.
15. KC York was also the deputy treasurer of Trap Free Montana Public Lands when it was a ballot initiative committee registered with the State of Montana during the 2013-14 election period.
16. On September 24, 2015, in her capacity as Deputy Treasurer, KC York filed a Form C-6 campaign finance report on behalf of the political committee Trap Free Montana Public Lands. A copy of that filing is attached as Exhibit "4."
17. As clearly evidenced on the face of the Form C-6 filing, the Form was faxed from the fax machine of the Ravalli Early Head Start Program.
18. The fax number of the Ravalli Early Head Start Program is 406-363-7287, the same number as is listed on the September 24, 2015 C-6 filed by York on behalf of Trap Free Montana Public Lands.
19. **Incredibly, the last page of the York/Trap Free Montana Public Lands filing contains a personal note from KC York to COPP employee Mary Baker requesting that Baker take affirmative action to black out and alter the proof that the filing was faxed from the offices of Ravalli Early Head Start using the equipment of Ravalli Early Head Start.**
20. This filing was not the first time that KC York and the Trap Free Montana Public Lands used the resources of Ravalli Early Head Start to conduct political activity using public resources.
21. Attached hereto is a Form C-6 filing of Trap Free Montana Public Lands dated June 10, 2014 in which the fax number and location from which the document was faxed is purposely blacked out. See, Exhibit "5."
22. What is remarkable about this particular filing is that someone inside the Commissioner of Political Practices office purposely blacked out the fax origination number and location after the document was sent to the COPP office. In doing so, this person purposefully altered a public record.
23. In addition, attached hereto as Exhibit "6" is a Form C-6 of Trap Free Public Lands filed May 12, 2014. This document was signed and submitted by KC York. Similar to the June 10, 2014 document, this document has been altered to black out the fax number and location from which the document was faxed.
24. What is more, attached hereto as Exhibit "7" is a Form C-6 of Trap Free Public Lands filed by Trap Free Public Lands filed April 6, 2015. Again, this document was

- signed and submitted by KC York as Deputy Treasurer. And, again, the fax number and the source from which the fax was sent have been purposefully blacked out.
25. Further, the March 10, 2014 filing, which is attached hereto as Exhibit "8", has received the same blackout treatment.
 26. In addition, as shown on the attached Exhibit "9", the May 29, 2014 Form C-6 filing received the same blackout/alteation treatment.
 27. As did the July 7, 2014 filing, attached as Exhibit "10." Interestingly, on this form, the initials "MB" are denoted as the initials of the state employee who received the faxed document.
 28. Unlike the previous filings just referenced, the February 11, 2015 filing of Trap Free Public Lands and KC York, attached hereto as Exhibit "11", clearly denotes the filing was sent from the fax machine and number of Ravalli Early Head Start.
 29. This pattern of faxing filings from the Ravalli Early Head Start programs is further evidenced by all the filings attached as Exhibit "12."

VIOLATIONS OF LAW

A. Unlawful Use of Public Resources for Political Purposes

30. As noted, Ravalli Early Head Start is a not-for-profit corporation.
31. Ravalli Early Head Start is funded by the federal government using taxpayer dollars.
32. Political campaigns in Montana are prohibited from using public time, facilities, equipment, supplies, personnel or funds for any campaign activity.
33. Here, as clearly evidenced on the face of the Trap Free Public Lands C-6 filings, that ballot initiative committee unlawfully used public time, equipment, supplies and funds to advance their campaign.
34. KC York, personally, and Trap Free Public Lands has clearly violated several provisions of Montana law and federal law which prohibit using public time, resources, and dollars to fund political activities.
35. Further, KC York has likely violated the federal Hatch Act, which prohibits persons from using federal resources for political activities.
36. The actions of KC York and Trap Free Public Lands have clearly violated the public trust.
37. Further, the actions of York in requesting that Baker alter and obfuscate public forms calls into question the integrity of the Office of the Commissioner of Political Practices, an office that is required by law to be neutral on matters of elections and campaigns.
38. As outlined above, this request by York to alter the face of the C-6 forms filed by York is consistent with past practices by someone within the COPP office to blackout, and thereby alter, public information contained on the face of York's public filings.

B. Failure to Report In-Kind Contributions – MCA Section

39. As demonstrated on the face of the various ballot committee finance reports filed by KC York and Trap Free Public Lands, the Ravalli Early Head Start Program's fax machine and phone line were used to file the campaign finance reports of the Trap Free Montana Public Lands ballot committee.
40. It is apparent that the fax machine and the phone line used to file the ballot committee reports were paid for by public funds and were owned by Ravalli Early Head Start Program, a not-for-profit corporation.
41. The fax machine and phone line were used to file the ballot committee reports and, thus, their use constitute expenses incurred by Ravalli Early Start to support a statewide ballot committee. ARM 44.10.531.
42. As a result, the expenses, because they were provided free of charge to Trap Free Montana Public Lands, became in-kind contributions to the Ballot Committee.
43. As such, those in-kind contributions and their amounts had to be reported on the relevant Trap Free Montana Public Lands C-6 reports. See, MCA Section 13-1-101.
44. A review of the C-6 filings for Trap Free Montana Public Lands for both 2014 and 2015 do not identify any contribution or contribution amounts from the Ravalli Early Head Start program.
45. As KC York used the Ravalli Early Head Start program resources in both 2014 and 2015 to file the ballot committee reports, every Trap Free Montana Public Lands C-6 report filed in both those years is in violation of Montana's ballot committee finance reporting laws because those reports fail to identify the in-kind contribution(s) of Ravalli Early Head Start.

C. Failure to Fully Identify Contributors – MCA Section 13-37-229

46. Montana law requires full disclosure of contributors to ballot committees.
47. Such disclosure requires the identification of the name and address of the contributing party.
48. As outlined above, by allowing KC York to use its fax machine, phone line and other taxpayer-funded resources to engage in political activities supporting the ballot initiatives to ban trapping in Montana, the Ravalli Early Head Start program became a contributor to Trap Free Montana Public Lands.
49. As demonstrated on the face of every Trap Free Montana Public Lands filing made in 2014 and in 2015, the Ravalli Early Head Start program is not identified and/or disclosed as a campaign contributor.
50. The failure to identify Ravalli Early Head Start as a contributor on any C-6 filed by Trap Free Montana Public Lands has resulted in multiple violations of law over a two year period. This violation of law also requires Trap Free Montana Public Lands to file amended campaign finance reports.

**D. Complaint Against the Office of the Montana Commissioner of Political Practices—
Tampering with Public Records and Information, MCA 45-7-208**

51. MCA Section 45-7-208 makes it a crime for a person to tamper with or alter a public record.
52. This crime is a felony, subjecting the person to up to 10 years in prison or a fine of up to \$50,000, or both.
53. This crime is committed when a person either:
 - a. alters any public record or document to be received by, kept by, or maintained by a government agency for information or record or required by law to be kept for information of the government; and
 - b. purposely destroys, conceals, removes or otherwise impairs the verity or availability of a record, document, or thing.
54. As this statute is applied in the present instance, a person or persons within the Office of the Commissioner of Political Practices has violated this criminal law.
55. As outlined above, and as clearly evidenced on the face of the C-6 forms filed by KC York on behalf of Trap Free Montana Public Lands, someone at the COPP office purposefully and knowingly blacked out the fact that the faxes were sent from the Ravalli Early Head Start Program offices using the Head Start Program's fax machine and phone number.
56. Further, as clearly evidenced on the face of the Form C-6, someone at the COPP office purposefully and knowingly also blacked out the fax number from which the faxed C-6 forms were faxed to the COPP.
57. The fact that the source of the origin of the fax and the fax number from which the reports were faxed were blacked out on numerous forms over a period of years indicates that the actions in blacking out the identifying information was intentional and knowing. In taking the action of blacking out the source of the fax, the person who took the action knowingly altered a public record, and did so to hide the actions of KC York and the Trap Free Montana Public Lands Ballot Committee in using public funds for campaign purposes.
58. There is little doubt that the Form C-6 filings of the Trap Free Montana Public Lands Ballot Committee are public information and records. *See*, MCA 13-37-231, 13-37-225.
59. There is little doubt that the Form C-6 filings are government information required by law by the agency to be kept, maintained, and made available for public review. *See*, MCA 13-37-225-226.
60. In addition, the action taken to black out the ballot committee's C-6 filings on multiple occasions appears to have been intentionally done for the purpose of concealing the verity of public records and documents.
61. Such action was taken to conceal the fact that KC York was using the fax machine and phone line of the Ravalli Early Head Start for political purposes.
62. This is evidenced by the fact that the last sheet of the September 24, 2015 C-6 filing made by KC York on behalf of the Trap Free Montana Public Lands Ballot

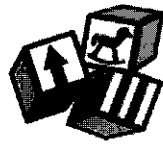
- Committee specifically directs Mary Baker, a COPP employee, to black out the fact that the fax originated from the Ravalli Early Head Start program offices.
63. As such, it appears that Mary Baker, a state employee, had, over time and at the direction of KC York, purposefully and knowingly altered and tampered with multiple public records required to be kept by the Commissioner of Political Practices in order to conceal the fact that public resources were being to promote a ballot initiative—namely a ballot initiative to ban trapping in Montana.
 64. What is particularly troubling about the present situation is that the current Commissioner of Political Practices, Jon Motl, represented as part of his private legal practice Footloose Montana, an organization dedicated to ending public lands trapping in Montana.
 65. KC York was formerly the Executive Director of Motl's client Footloose Montana.
 66. This past legal and political campaign relationship between York and Motl is troubling in light of the COPP's actions at issue herein, in which the COPP was masking information on behalf of York and an anti-trapping ballot committee.

E. Complaint Against the Office of the Montana Commissioner of Political Practices – Official Misconduct, MCA Section 13-35-204

67. MCA Section 13-35-204 provides that a person is guilty of official misconduct when a person who is involved in administering elections laws in this state knowingly acts in contravention or violation of any provision of the election laws.
68. Montana's election laws require the "full disclosure and reporting of the sources and disposition of funds used . . . to support candidates, political committees, or issues . . ." (Section 1, Chapter 480, Laws of 1975.) In short, the people of Montana have determined that they have an absolute right to know who is behind efforts to influence elections, how much money is being spent on those efforts, and where the money comes from. In the Matter of the Complaint Against Western Tradition AND Partnership and Coalition for Energy and the Environment (COPP, 2010).
69. Here, the COPP office is directly tasked with administering a portion of Montana's election laws, namely that portion of the laws dealing with campaign practices, such as the public reporting of all contributions in expenditures in support of ballot initiatives. See, COPP Mission Statement, attached hereto as Exhibit "13."
70. As outlined above, someone inside the COPP's office, the very office that has a duty to execute faithfully Montana's election laws, knowingly altered election-related documents to block out information related to election-related contributions and expenditures. Such action clearly constitutes official misconduct under MCA Section 13-35-204.
71. Such action is a clear breach of the public trust under MCA Section 2-2-103.

**DEMAND FOR RECUSAL OF JONATHAN MOTL
PURSUANT TO MCA SECTION 13-37-111(4)**

72. MCA Section 13-37-108(6) specifically prohibits Jonathan Motl, as Commissioner of Political Practices, from working on any matter that results either in a conflict of interest or an appearance of conflict of interest.
73. Here, Mr. Motl is clearly conflicted as to the content and subject of this Complaint.
74. This Complaint involves allegations of wrongdoing by his office and his staff.
75. Further, as noted, KC York was formerly an officer in an organization, Footloose Montana, which was a legal client of Mr. Motl during his time as a partner in the Reynolds, Motl and Sherwood law firm. See, Exhibit "14" hereto. The relationship between York and Motl clearly raises conflict of interest issues, which such issues require that Motl be recused from any consideration of this Complaint or its contents.
76. Therefore, the undersigned demands pursuant to MCA Section 13-37-111(4) that Motl and his entire staff recuse themselves from investigating, acting on or otherwise being involved in the resolution of this Complaint.
77. This matter must be referred to the Office of the Montana Attorney General for disposition.

[Documents](#)[Resources](#)[Facebook](#)

Ravalli Head Start, Inc.

[Home](#)[About](#)[Programs](#)[Apply Now](#)[Employment](#)[Volunteer](#)[Donate](#)[Contact](#)

REHS Staff Directory

Ravalli Early Head Start

103 S 9th St, Ste 106

Hamilton, MT 59840

(406) 363-7412 (phone)

(406) 363-7287 (fax)

Education and Disabilities Manager

Extension 202

Enrollment Specialist

Extension 222

Health and Nutrition Coordinator

Extension 204

Home Visitor

Marlaina Thiel

Extension 206

Home Visitor

Rebecca Kallin

Extension 207

Home Visitor

Te Ata Headly

Extension 208

Home Visitor

KC York

Our Programs

> Ravalli Early Head Start

> Missoula Early Head Start

> Ravalli Head Start

Opportunities

> Employment

> Volunteer

> Donate

Helpful Information

> Documents

> Resources

> Facebook

Extension 209

Administrative Assistant

Extension 200

Center 1

Snuggle Bunnies

Extension 216

Center 2

Cuddle Bugs

Extension 217

HEAD START MISSION

Serving children and families so they succeed in school and life.

OUR PROGRAMS

Ravalli Early Head Start

Missoula Early Head Start

Ravalli Head Start

POPULAR PAGES

No Cost Early Childhood Programs for Children Age 0 – 5

Ravalli Early Head Start

Missoula Early Head Start

Ravalli Head Start

Apply Now

For Parents



Ravalli Head Start, Inc.

[Home](#)[About](#)[Programs](#)[Apply Now](#)[Employment](#)[Volunteer](#)[Donate](#)[Contact](#)

Contact

Ravalli Early Head Start

(for children newborn up to age 3 in Ravalli County)

103 South 9th Street, Suite 106

Hamilton, MT 59840

Phone: (406) 363-7412

Fax: (406) 363-7287

Email: rehs@ravalliheadstart.org

Missoula Early Head Start

(for children newborn up to age 3 in Missoula County)

2121 39th Street

Missoula, MT 59803

Phone: (406) 251-9410

Fax: (406) 251-9403

Email: mehs@ravalliheadstart.org

Ravalli Head Start

(for children age 3 and 4 in Ravalli County)

81 Kurtz Lane

Hamilton, MT 59840

Phone: (406) 363-1217

Fax: (406) 363-1627

Email: rhs@ravalliheadstart.org

[Contact](#)

Our Programs

> [Ravalli Early Head Start](#)

> [Missoula Early Head Start](#)

> [Ravalli Head Start](#)

Opportunities

> [Employment](#)

> [Volunteer](#)

> [Donate](#)

Helpful Information

> [Documents](#)

> [Resources](#)

[> Facebook](#)

HEAD START MISSION

Serving children and families so they succeed in school and life.

OUR PROGRAMS

Ravalli Early Head Start

Missoula Early Head Start

Ravalli Head Start

POPULAR PAGES

No Cost Early Childhood Programs for Children Age 0 – 5

Ravalli Early Head Start

Missoula Early Head Start

Ravalli Head Start

Apply Now

For Parents

Documents

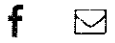
CONTACT US

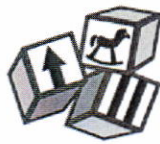
Ravalli Head Start
81 Kurtz Ln
Hamilton, MT 59840
(406) 363-1217

Missoula Early Head Start
2121 39th St
Missoula, MT 59803
(406) 251-9410

Ravalli Early Head Start
103 S 9th St Ste 106
Hamilton, MT 59840
(406) 363-7412

Copyright 2015 Ravalli Head Start, Inc. All Rights Reserved | Privacy
Policy



[Documents](#)[Resources](#)[Facebook](#)

Ravalli Head Start, Inc.

[Home](#)[About](#)[Programs](#)[Apply Now](#)[Employment](#)[Volunteer](#)[Donate](#)[Contact](#)

No Cost Early Childhood Programs for Children Age 0 – 5



Ravalli Early Head Start

For children infant up to age 3.

Click here to learn more about Ravalli Head Start, classroom options, eligibility requirements, how to apply, and more.



Missoula Early Head Start

For children infant up to age 3.

Click here to learn more about Ravalli Head Start, classroom options, eligibility requirements, how to apply, and more.



Ravalli Head Start

For preschool children ages 3 & 4.

Click here to learn more about Ravalli Head Start, classroom options, eligibility requirements, how to apply, and more.

Our Programs

> [Ravalli Early Head Start](#)

> [Missoula Early Head Start](#)

> [Ravalli Head Start](#)

Opportunities

> [Employment](#)

> [Volunteer](#)

> [Donate](#)

Helpful Information

> [Documents](#)

> [Resources](#)

> [Facebook](#)

Ravalli Head Start is a federally funded program provided at NO COST to low income families living in Ravalli and Missoula Counties. The preschool program is comprehensive and

Head Start is designed to develop the special strengths and meet the needs of each child and his/her family. Ravalli Head Start, Inc. provides:

- Parenting classes and early

+ [Our Mission](#)



[Board of Directors](#)



[Policy Council](#)

serves 3- and 4-year-old children. The program provides four hour classes, four days a week from mid-September through May in Hamilton and Stevensville. Limited bus service may be available. Early Head Start in Hamilton and Missoula is also managed by Ravalli Head Start, Inc. Early Head Start is available for qualifying families with children up to age three, and pregnant women.

literacy support.

- Links to community resources.
- Family goal-setting and support.
- Disability, wellness and mental health services.
- Nutritious breakfasts and lunches.
- Child health, nutrition and dental education.

+

Our Programs

+

Helpful Resources

Get Involved with Ravalli Head Start, Inc.

Learn about employment, volunteer opportunities, and ways you can donate to RHS.

[CLICK FOR INFO](#)

HEAD START MISSION

Serving children and families so they succeed in school and life.
OUR PROGRAMS

Ravalli Early Head Start

Missoula Early Head Start

Ravalli Head Start

POPULAR PAGES

No Cost Early Childhood Programs for Children Age 0 – 5

Ravalli Early Head Start

Missoula Early Head Start

Ravalli Head Start

Apply Now

For Parents

Documents

CONTACT US

Ravalli Head Start

81 Kurtz Ln

Hamilton, MT 59840

(406) 363-1217

Missoula Early Head Start

2121 39th St

Missoula, MT 59803

(406) 251-9410

Ravalli Early Head Start

103 S 9th St Ste 106

Hamilton, MT 59840

(406) 363-7412

Copyright 2015 Ravalli Head Start, Inc. All Rights Reserved | [Privacy Policy](#)



THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☐AMENDED FILING ☒

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From April 6, 2015

To Sept 5, 2015

Initial Report

Periodic Report

Closing Report

No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 829.34
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 193.00
3. CORRECTIONS - Addition or subtraction from Schedule D..... + \$ 285.09
(Circle + or -)
Subtotal \$ 1307.43
4. EXPENDITURES - Total paid out this period from Schedule B..... - \$ 139.14
5. CASH IN BANK - Ending balance this report..... \$ 1168.29

CERTIFICATION

I, KC York

Deputy Treasurer

certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2015 SEP 25 A 8:46

COMMISSIONER OF
POLITICAL PRACTICES

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.
Receipts – This Reporting Period (continued)

4. Political Action Committee Contributions
Committee's full registered name and complete mailing address **REQUIRED**

Date Received <i>Required</i>	In-Kind		Cash or Check Amount	Total to Date Amount
	Description	Value		
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A Receipts – This Reporting Period (continued)		Date Received	Description In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name _____ Address _____ City, State, Zip Code _____					
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
TOTAL RECEIPTS THIS PAGE					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period (continued)			In-Kind Description Value	Cash or Check Amount	Total to Date Amount
8. Corporate Contributions (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED for <i>Independent Expenditures Only!</i>		Date Received <i>Required</i>			
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <u>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</u> <u>REQUIRED:</u> Full name, complete mailing address, occupation & employer		In-Kind Description Value	Cash or Check Amount	Total to Date Amount
<u>Name</u> <u>Address</u> <u>City, State, Zip Code</u>	<u>Occupation</u> <u>Employer</u>			
<u>Name</u> <u>Address</u> <u>City, State, Zip Code</u>	<u>Occupation</u> <u>Employer</u>			
<u>Name</u> <u>Address</u> <u>City, State, Zip Code</u>	<u>Occupation</u> <u>Employer</u>			
<u>Name</u> <u>Address</u> <u>City, State, Zip Code</u>	<u>Occupation</u> <u>Employer</u>			
<u>Name</u> <u>Address</u> <u>City, State, Zip Code</u>	<u>Occupation</u> <u>Employer</u>			

TOTAL RECEIPTS THIS PAGE

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 - 9) in this total

193.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
Pure Talk		Cell phone monthly charge	5/3/15, 6/4/15, 7/3/15, 8/3/15, 9/3/15		50.00
Name _____ Address _____ City, State, Zip Code _____					
USPS		Post Office Box	6/29/15		82.00
Name _____ Address _____ City, State, Zip Code _____					
Paypal		Transaction Fees	4/19/15-5/31/15		7.14
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					139.14

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on SCHEDULE	As Originally Reported	Explain Correction
DATE		
1/16/14	C-6 1/1/14-3/5/14	Missed deposit
3/10/14	C-6 1/1/14-4/5/14	Missed deposit
4/2/14	C-6 3/5/14-4/5/14	Missed expense
		cost to open bank account +100. Later repaid as an ex
		Paypal refund +1.95
		Facebook boost -14.95

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 8)

TFMPL
Gout (2)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction
4/4/14	C6 3/5/14-4/5/14 Sch B	missed expense	Cell phone -10.00
5/27/14	C6 5/25/14-6/5/14 Sch	missed contribution	Lisa Robertson, retired, +100.00
5/26/14	C6 5/25/14-6/5/14 Sch	missed credit	Paypal refund +17.55

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED



TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

FMPL
count (3)**SCHEDULE C. Debts and Loans Not Yet Paid**

Full name and complete mailing address of each creditor REQUIRED		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction
12/29/14	C611/2014-3/5/15 Sch	missed contribution	Jeff Tisman occupation unknown, +100
3/2/15	11/20/14-3/5/15 Sch B	missed expense	Facebook charge -9.59
4/6/15	3/6/15-4/5/15	Cash in bank reported as 829.34	mathematical error should be 829.47. + .13

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED



2003/001
1000
1000
1000

Mary-

Approved
C-6
C-6
C-6

I will email
on ~~next~~ week
addresses for 2 omitted
contrib.

thx

Ka

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From May 25, 2014

To June 5, 2014

Initial Report

Periodic Report

Closing Report

No transactions in period

FOR OFFICE USE ONLY

Data Received and Postmark Date

RECEIVED

2014 JUN 10 P 4: 51

COMMISSIONER OF
POLITICAL PRACTICES

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 3397.03 ✓
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 2225.00 ✓
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$
- Subtotal \$ 5622.03
4. EXPENDITURES - Total paid out this period from Schedule B..... \$ 117.27 ✓
5. CASH IN BANK - Ending balance this report..... \$ 5504.76 ✓

CERTIFICATION

I, KC York

Name

Deputy Treasurer

Title

certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 18, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

C-6 (page 2)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A.**Receipts – This Reporting Period**

1. Contributions Less Than \$35 Each (Total)			In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
2. Loans Creditor's full name / complete Mailing address REQUIRED		Loan Date <i>Required</i>			25	472.99
Name _____ Address _____ City, State, Zip Code _____		Occupation & Employer REQUIRED				
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____				
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date <i>Required</i>				
TOTAL RECEIPTS THIS PAGE					25.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A. Receipts - This Reporting Period (continued)			In-Kind		Cash or Check	Total to Date
			Description	Value	Amount	Amount
4. Political Action Committee Contributions Committee's full registered name and complete mailing address <u>REQUIRED</u>			Date Received <u>Required</u>			
Registered Name						
Address						
City, State, Zip Code						
Registered Name						
Address						
City, State, Zip Code						
Registered Name						
Address						
City, State, Zip Code						
Registered Name						
Address						
City, State, Zip Code						
TOTAL RECEIPTS THIS PAGE						

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A. Receipts – This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address <i>REQUIRED</i>		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
6. Incidental Committee Contributions Full name and complete mailing address <i>REQUIRED</i>		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
7. Other Political Committee Contributions Full name and complete mailing address <i>REQUIRED</i>		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
TOTAL RECEIPTS THIS PAGE						1

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 3)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period (continued)		Date Received <i>Required</i>	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
8. Corporate Contributions (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED <i>for Independent Expenditures Only</i>					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
TOTAL RECEIPTS THIS PAGE					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-8 (page 5)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More

REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION

REQUIRED: Full name, complete mailing address, occupation & employer

RMG Publishing	Name PO Box 982 Address Portland ME 04104 City, State, Zip Code	publishing Occupation self Employer	100	100	copying & market 117.19
Angela Schwab	Name 4235 Spurgin Rd Address Missoula MT 59804 City, State, Zip Code	Admin Assistant Occupation Walla Wall Univer Employer	50	50	
Greg Price	Name 501 N 1/2 N 2 St Address Missoula MT 59802 City, State, Zip Code	requested Occupation Employer	100	100	
Tom Gignoux	Name 2755 Lincoln Hills Address Missoula, MT 59802 City, State, Zip Code	Geologist Occupation self Employer	400	430	
Steve Barkley	Name 1827 W Main St # 334 Address Bozeman MT 59715 City, State, Zip Code	self Occupation Contrall Inc Employer		192.19	

TOTAL RECEIPTS THIS PAGE

117.19 / 675

TOTAL RECEIPTS THIS REPORTING PERIOD

Include ALL of Schedule A (Sections 1 - 9) in this total

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts – This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION**REQUIRED:** Full name, complete mailing address, occupation & employer

Renelle Braaten Name PO Box 808 Address Havre, MT 59501 City, State, Zip Code	Sports Apparel Occupation self Employer	500	500
Mary Sarumi Name 1417 10th Ave NW Address Great Falls MT 59404 City, State, Zip Code	Information Tech Occupation self Employer	450	2283.43
Suzanna McDougal Name PO Box 1335 Address Hamilton MT 59840 City, State, Zip Code	retired Occupation Employer	500	500
Amy Greer Name 2142 Poppy Ln Address Corvallis MT 59828 City, State, Zip Code	retired Occupation Employer	100	100
Name Address City, State, Zip Code	Occupation Employer		

TOTAL RECEIPTS THIS PAGE

1550.00 ✓

TOTAL RECEIPTS THIS REPORTING PERIOD**Include ALL of Schedule A (Sections 1 – 9) in this total**

117.19 ✓

2225.00 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 6)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	Amount	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Paypal Name _____ Address _____ City, State, Zip Code _____		transaction fees	May 26-May 29	36.90	
USPS Name _____ 150 N 4th St Address _____ Hamilton, MT 59840 City, State, Zip Code _____		postage	5/28/14	20.37	
Paper Clip Name _____ 228 W Main Address _____ Hamilton MT 59840 City, State, Zip Code _____		copying	5/31/14	40.00	
Pure Talk Name _____ Address _____ City, State, Zip Code _____		cell phone	5/25/14	20.00	
TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH				117.27	✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 7)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount PRIMARY	Amount GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 7)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	PRIMARY	Amount	GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH						
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 -4 In this total					117.27	✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due PRIMARY GENERAL
Name _____ Address _____ City, State, Zip Code _____			
Name _____ Address _____ City, State, Zip Code _____			
Name _____ Address _____ City, State, Zip Code _____			

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report.</u>			
Originally Reported on SCHEDULE DATE	As Originally Reported	Explain Correction	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

EXHIBIT 6

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2342
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From April 5, 2014

To May 5, 2014

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2014 MAY 12 A 7:31

COMMISSIONER OF
POLITICAL PRACTICES

Initial Report

Periodic Report ☒

Closing Report

No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 2439.11 ✓
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 700.00 ✓
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$
Subtotal \$ 3139.11
4. EXPENDITURES - Total paid out this period from Schedule B..... - \$ 799.93 ✓
5. CASH IN BANK - Ending balance this report..... \$ 2339.18 ✓

CERTIFICATION

I, KC York

Deputy Treasurer

Name

Title

certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated, Title 18, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

C-5 (page 4)

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
TOTAL RECEIPTS THIS PAGE					0	1

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.
Receipts – This Reporting Period (continued)
8. Corporate Contributions (PAC's & Ballot Issues Only)
 Full name and mailing address. **REQUIRED**
for Independent Expenditures Only

		Date Received Required	In-Kind Description	Value	Cash or Check Amount	Total to Date Amount
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
TOTAL RECEIPTS THIS PAGE					0	✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION**REQUIRED:** Full name, complete mailing address, occupation & employer

9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer				In-Kind		Cash or Check Amount	Total to Date Amount
				Description	Value		
Robert E Lecain						50.00	50
Name 3201 Park St				retired			
Address Missoula MT 59801				Occupation N/A			
City, State, Zip Code				Employer			
Steve Barkley						75.00	75
Name 1627 W Main St # 334				self			
Address Bozeman MT 59715				Occupation Contrail Inc			
City, State, Zip Code				Employer			
Bruce Desonia						100.00	300
Name PO Box 561				retired			
Address Helena MT 59624				Occupation N/A			
City, State, Zip Code				Employer			
Steve Clevidence						200.00	200
Name PO Box 190				rancher/retired			
Address Victor MT 59875				Occupation N/A			
City, State, Zip Code				Employer			
Dr Rick Vanderpol						100.00	100
Name 5769 Prospect Dr				Principal Investor			
Address Missoula MT 59808				Occupation UM			
City, State, Zip Code				Employer			

TOTAL RECEIPTS THIS PAGE

525.00

✓

TOTAL RECEIPTS THIS REPORTING PERIOD**Include ALL of Schedule A (Sections 1 - 9) in this total**

700.00

✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION
REQUIRED: Full name, complete mailing address, occupation & employer

		Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
Robert Hoy Name 2858 Pheasant Lane Address Stevensville MT 59870 City, State, Zip Code				100	100
retired Occupation N/A Employer					
Name Address City, State, Zip Code					
Occupation Employer					
Name Address City, State, Zip Code					
Occupation Employer					
Name Address City, State, Zip Code					
Occupation Employer					

TOTAL RECEIPTS THIS PAGE

100 ✓

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 - 9) in this total

700 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B.**Expenditures – This Reporting Period****4. Corporate Independent Expenditures**Full name and complete mailing address of each payee **REQUIRED**

	Purpose	Candidate/ Issue	Date	PRIMARY	Amount	GENERAL
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						

TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH

0

TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4) in this total

799.93

✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 7)

SCHEDULE B.**Expenditures – This Reporting Period****3. Independent Expenditures**Full name and complete mailing address
of each payee REQUIRED

Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				

TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH

0

TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total

799.93

✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					0
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08) POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From March 6, 2015

To April 5, 2015

Initial Report

Periodic Report

Closing Report

No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 762.13
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 535.00
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) \$ 0
- Subtotal..... \$ 1297.00
4. EXPENDITURES - Total paid out this period from Schedule B..... \$ 467.66
5. CASH IN BANK - Ending balance this report..... \$ 829.34

CERTIFICATION

I, KC York

deputy treasurer

Name

Title

certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

 FOR OFFICE USE ONLY
 Date Received and Postmark Date

RECEIVED

2015 APR -6 P 1:11

 COMMISSIONER OF
 POLITICAL PRACTICES

C-6 (page 2)

1. Contributions Less Than \$35 Each (Total)

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (Page 3)

4. Political Action Committee Contributions
Committee's full registered name and complete mailing address **REQUIRED**

**Total to Date
Amount**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Received				
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Received				
Name						
Address						
City, State, Zip Code						
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Received				
Name						
Address						
City, State, Zip Code						

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 3)

SCHEDULE A.
Receipts - This Reporting Period (continued)

8. Corporate Contributions (PAC's & Ballot Issues Only)
Full name and mailing address. **REQUIRED**
for Independent Expenditures Only.

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION**
REQUIRED: Full name, complete mailing address, occupation & employer

		In-Kind		Cash or Check Amount	Total to Date Amount
Description		Value			
David Fritschen		unemployed		100.00	100.00
Name 317 3rd St N		Occupation			
Address Great Falls, MT 59401		Employer			
City, State, Zip Code					
Lisa Smith		retired		100.00	100.00
Name 272 Omaha Ave		Occupation			
Address Clovis, CA 93619		Employer			
City, State, Zip Code					
Jon Bertsche		requested		35.00	35.00
Name 463 Spanish Peaks		Occupation			
Address Missoula, MT 59803		Employer			
City, State, Zip Code					
Mary Sarumi		Information tech		300.00	2633.43
Name 1217 10th Ave NW		Occupation			
Address Great Falls, MT 59404		self			
City, State, Zip Code		Employer			
Name		Occupation			
Address		Employer			
City, State, Zip Code					

TOTAL RECEIPTS THIS PAGE

635.00

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 - 9) in this total

536.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
Shift Shop <u>Name</u> 740 River St <u>Address</u> Missoula, MT 59801 <u>City, State, Zip Code</u>		set up fee	3/6/15		125.00
Exxon Express <u>Name</u> 832 S 1st St <u>Address</u> Hamilton, MT 59840 <u>City, State, Zip Code</u>		gas	3/16/15		22.44
Shift Shop <u>Name</u> 740 River Street <u>Address</u> Missoula MT 59801 <u>City, State, Zip Code</u>		shifts	4/3/15		302.50
Pure Talk <u>Name</u> <u>Address</u> <u>City, State, Zip Code</u>		cell phone	4/3/15		10.00
PayPal <u>Name</u> <u>Address</u> <u>City, State, Zip Code</u>		transaction fees	3/16/15-3/30/15		7.72
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					467.66

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 7)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL Amount
3. Independent Expenditures Full name and complete mailing address of each payee REQUIRED						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH						
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total						467.66

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL Amount
4. Corporate Independent Expenditures Full name and complete mailing address of each payee REQUIRED						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH						
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4) in this total						467.66

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor REQUIRED		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

EXHIBIT 8

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

Bullock

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton, Montana 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From January 1, 2014

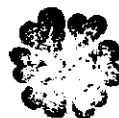
To March 5, 2014

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2014 MAR 10 A 8:09

POLITICAL PRACTICES



MVE

3/10/14

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 0 ✓
2. RECEIPTS - Total received and deposited this period from Schedule A *1500.00*..... \$ 2325.42 ✓
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$ +
- Subtotal..... \$ 787.43 ✓
4. EXPENDITURES - Total paid out this period from Schedule B..... \$ 1537.99 ✓
5. CASH IN BANK - Ending balance this report.....

CERTIFICATION

I, KC York

Name

Deputy Treasurer

Title

certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 18, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

C-5 / Page 2)

SCHEDULE A.
Receipts – This Reporting Period

SCHEDULE A. Receipts - This Reporting Period			In-Kind		Cash or Check Amount	Total to Date Amount
1. Contributions Less Than \$35 Each (Total)			Description	Value		
2. Loans Creditor's full name / complete Mailing address REQUIRED		Occupation & Employer REQUIRED	Loan Date Required		266.99	266.99
Name Address City, State, Zip Code		Occupation Employer				
Name Address City, State, Zip Code		Occupation Employer				
Name Address City, State, Zip Code		Occupation Employer				
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date Required				
None						

TOTAL RECEIPTS THIS PAGE

266.99

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A. Receipts – This Reporting Period (continued)		Date Received Required	In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED						
Registered Name						
Address						
City, State, Zip Code						
Registered Name						
Address						
City, State, Zip Code						
Registered Name						
Address						
City, State, Zip Code						
Registered Name						
Address						
City, State, Zip Code						
Registered Name						
Address						
City, State, Zip Code						
Registered Name						
Address						
City, State, Zip Code						
TOTAL RECEIPTS THIS PAGE						

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

CE/0000041)

Receipts – This Reporting Period (continued)

Date
Received

Description	In-Kind	Value
-------------	---------	-------

**Cash or Check
Amount**

**Total to Date
Amount**

5. Political Party Committee Contributions

Full name and complete mailing address REQUIRED

Date Required

Name _____

Address

City, State, Zip Code

Name _____

Address

City, State, Zip Code

Name _____

Address

City State Zip Code

6. Incidental Committee Contributions

Full name and complete mailing address REQUIRED

Date Required

Name

Address

City, State, Zip Code

7. Other Political Committee Contributions
Full name and complete mailing address **REQUIRED**

Full name and complete mailing address REQUIRED

Date
Required

Name _____

Address

City, State, Zip Code

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.
Receipts – This Reporting Period (continued)
8. Corporate Contributions (PAC's & Ballot Issues Only)
 Full name and mailing address **REQUIRED**
for Independent Expenditures Only!

	Date Received Required	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts – This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION
REQUIRED: Full name, complete mailing address, occupation & employer

		In-Kind		Cash or Check Amount	Total to Date Amount
		Description	Value		
Mary Sarumi Name 1417 10th Ave NW Address Great Falls, MT 59404 City, State, Zip Code		Information Tech Occupation self Employer	600.00	783.43	1383.43
Rhonda Lanier Name 202 Camino Corto Address Visa, CA 92083 City, State, Zip Code		Executive Assist Occupation BD Medical Employer		75.00	75.00
Valerie Beebe Name PO Box 688 Address Kila, MT 59920 City, State, Zip Code		Family Nurse P Occupation Sunny View Pa Employer		50.00	50.00
Sharon Gilbert Name 1381 Otter Road Address Helena, MT 59602 City, State, Zip Code		Administrative A Occupation MT Dept of Env Employer		300.00	300.00
Michael Garrity Name 615 S Sanders Street Address Helena, MT 5901 City, State, Zip Code		Environmental Occupation Alliance of the W Employer		50.00	50.00
TOTAL RECEIPTS THIS PAGE		600.00	✓	1258.43	✓

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 – 9) in this total

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

9. Individual Contributors of \$35 or More

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION
REQUIRED: Full name, complete mailing address, occupation & employer

		In-Kind	Cash or Check	Total to Date
		Description	Value	Amount
Paul Griffin Name 1202 Hillside Lane Address Bozeman, MT 59715 City, State, Zip Code		retired Occupation Employer	160.00	160.00
Patricia Tompkins Name 1796 Red Lodge Creek Rd Address Roberts, MT City, State, Zip Code		info requested Occupation Employer	50.00	50.00
Susan Young Name 460 Blodgett Camp Rd Address Hamilton, MT 59840 City, State, Zip Code		retired Occupation Employer	97.37	97.37
Name Address City, State, Zip Code		Occupation Employer		
Name Address City, State, Zip Code		Occupation Employer		
Name Address City, State, Zip Code		Occupation Employer		

TOTAL RECEIPTS THIS PAGE

97.37 ✓

210.00 ✓

TOTAL RECEIPTS THIS REPORTING PERIOD**Include ALL of Schedule A (Sections 1 - 9) in this total**

697.37 ✓

2325.42 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
First Security Bank Name PO Box 393 Address Hamilton, MT 59840 City, State, Zip Code		checks Harland Clarke	1/16/14		30.39
Pure Talk Name puretalkusa.com Address City, State, Zip Code		cell phone	1/29/14		10.00
US Post Office Name 150 N 4th St Address Hamilton, MT 59840 City, State, Zip Code		postage	2/8/14		88.20
Paper Clip Name 228 W Main Address Hamilton, MT 59840 City, State, Zip Code		copying and return address labels	2/8/14		19.15
Walgreens Name 901 N 1st Address Hamilton, MT 59840 City, State, Zip Code		envelopes, thank you cards	2/8/14		7.78
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					155.52 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
Paper Clip Name 228 W Main Address Hamilton, MT 59840 City, State, Zip Code		copying petitions	121.75 1.50 2/20/14 2/24/14		123.25 ✓
US Post Office Name 150 N 4th Address Hamilton, MT 59840 City, State, Zip Code		postage	35.00 13.42 10.71 8.54 7.61 2/20/14 2/21/14 2/25/14 2/28/14 3/5/14		75.28 ✓
FedEx Name 3640 Hacks Cross Road Address Memphis, TN 38125 City, State, Zip Code		business cards	2/5/14		56.74
Ravalli County Fairgrounds Name 100 Old Corvallis Road Address Hamilton, MT 59840 City, State, Zip Code		Spring Thaw event table	3/4/14		60.00
KC York Name PO Box 1137 Address Hamilton MT 59840 City, State, Zip Code		reimbursement Post Office box 70, registration business name 42.11, Open bank account 100.00, Facebook boost 30.00, Envelopes, stationary 7.78	3/4/14		249.89
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					565.16 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B.**Expenditures – This Reporting Period****1. PETTY CASH Expenditures (TOTAL THIS PERIOD)****2. All Other Expenditures**Full name and complete mailing address
of each payee **REQUIRED**

Purpose		Date	Amount	
PRIMARY			GENERAL	
PayPal		Fees		
Name		1/19/14-2/28/14		
Address				56.75
City, State, Zip Code				
Pure Talk	monthly cell phone	2/28/14		
Name				
Address				10.00
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				

TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH

66.75 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-8 (page 7)

Full name and complete mailing address
of each payee REQUIRED

SCHEDULE B. Expenditures -- This Reporting Period	Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL Amount
3. Independent Expenditures Full name and complete mailing address of each payee REQUIRED					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					

TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on SCHEDULE	As Originally Reported	Explain Correction
DATE		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov

29

RECEIVED

2014 MAY 29 P 1:56

FOR OFFICE USE ONLY
Date Received and Postmark DateCOMMISSIONER OF
POLITICAL PRACTICES

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From May 15, 2014

To May 24, 2014

Initial Report

Periodic Report ☒

Closing Report

No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 2621.95
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 825.00
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$ +
- Subtotal..... \$ 3446.95
4. EXPENDITURES - Total paid out this period from Schedule B..... - \$ 49.92
5. CASH IN BANK - Ending balance this report..... \$ 3397.03

CERTIFICATION

I, KC York

Deputy Treasurer

certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13 Chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

C-6 (page 2)

1. Contributions Less Than \$35 Each (Total)

**Loan
Date
Required**

1

1

Date
Required

**Total to Date
Amount**

25.00

447.99

25.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.**Receipts – This Reporting Period (continued)****4. Political Action Committee Contributions**
Committee's full registered name and complete mailing address **REQUIRED**

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name					
Address					
City, State, Zip Code					
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name					
Address					
City, State, Zip Code					

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.
Receipts -- This Reporting Period (continued)
8. Corporate Contributions (PAC's & Ballot Issues Only)
Full name and mailing address. REQUIRED
for Independent Expenditures Only!

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures -- This Reporting Period		Purpose	Date	Amount PRIMARY GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
US Post Office		mailing	5/15/14	
Name 150 N 4th St				
Address Hamilton MT 59840				15.22
City, State, Zip Code				
US Post Office		mailing	5/20/14	
Name 150 N 4th St				
Address Hamilton MT 59840				20.32
City, State, Zip Code				
Paypal		transaction fees	5/21/14-5/23/14	
Name				
Address				14.38
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				49.92

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 7)

Full name and complete mailing address
of each payee REQUIRED

Amount	PRIMARY	GENERAL
100		
200		
300		
400		
500		
600		
700		
800		
900		
1000		
1100		
1200		
1300		
1400		
1500		
1600		
1700		
1800		
1900		
2000		
2100		
2200		
2300		
2400		
2500		
2600		
2700		
2800		
2900		
3000		
3100		
3200		
3300		
3400		
3500		
3600		
3700		
3800		
3900		
4000		
4100		
4200		
4300		
4400		
4500		
4600		
4700		
4800		
4900		
5000		
5100		
5200		
5300		
5400		
5500		
5600		
5700		
5800		
5900		
6000		
6100		
6200		
6300		
6400		
6500		
6600		
6700		
6800		
6900		
7000		
7100		
7200		
7300		
7400		
7500		
7600		
7700		
7800		
7900		
8000		
8100		
8200		
8300		
8400		
8500		
8600		
8700		
8800		
8900		
9000		
9100		
9200		
9300		
9400		
9500		
9600		
9700		
9800		
9900		
10000		

[illegible]

TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH						
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4) in this total						49.92

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

EXHIBIT 10

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From June 19, 2014

To July 5, 2014

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2014 JUL - 7 A 7:34

COMMISSIONER OF
POLITICAL PRACTICES

MB 7/29/14

Initial Report

Periodic Report ☒

Closing Report

No Transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 5323.95 ✓
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 210.00 ✓
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) \$ 80.00 ✓
Subtotal..... \$ 5453.95
4. EXPENDITURES - Total paid out this period from Schedule B..... \$ 2931.32 ✓
5. CASH IN BANK - Ending balance this report..... \$ 2522.63 ✓

CERTIFICATION

1. KC York

Name

Deputy Treasurer

Title

I, KC York, Deputy Treasurer, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

Signature

67.7.14

C-6 (Page 2)

Total to Date Amount

706 92

1000

25.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A. Receipts - This Reporting Period (continued)			In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED		Date Received Required				
Registered Name Address City, State, Zip Code						
Registered Name Address City, State, Zip Code						
Registered Name Address City, State, Zip Code						
Registered Name Address City, State, Zip Code						
Registered Name Address City, State, Zip Code						
Registered Name Address City, State, Zip Code						
Registered Name Address City, State, Zip Code						
Registered Name Address City, State, Zip Code						
TOTAL RECEIPTS THIS PAGE						

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A. Receipts – This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 3)

SCHEDULE A
Receipts -- This Reporting Period (continued)
8. Corporate Contributions (PAC's & Ballot Issues Only)
 Full name and mailing address **REQUIRED**
for Independent Expenditures Only

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A Receipts - This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION**
REQUIRED: Full name, complete mailing address, occupation & employer

		In-Kind Description	Value	Cash or Check Amount	Total to Date Amount
Anne Martinez Name 80 Gannon Drive Address Great Falls, MT 59404 City, State, Zip Code		Mgt/Ed Consultar Occupation self Employer		100.00	100.00
Jessica Rhoades Name 623 E Broadway Address Helena, MT 59601 City, State, Zip Code		Human Services Occupation State of Montana Employer		35.00	35.00
Monika Franzen Name PO Box 758 Address Florence MT 59833 City, State, Zip Code		requested Occupation Employer		50.00	50.00
Name Address City, State, Zip Code		Occupation Employer			
Name Address City, State, Zip Code		Occupation Employer			

TOTAL RECEIPTS THIS PAGE

185.00 ✓

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 - 9) in this total

210.00 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					0
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
Express Services		JD signature gathering \$166.54 6/8 DP signature gathering \$151.40 6/8 KS signature gathering \$151.40 6/8 = \$469.34	6/21/14		469.34
Express Services Name 8516 NW Expressway Address Oklahoma City, OK 73162 City, State, Zip Code		Signature gathering 6/8/14 NG \$60.56 JG \$60.56 RP \$60.56 SWQ \$60.56 SW \$60.56 = \$302.80 post office box	6/21/14		302.80
USPS Name 150 N 4th Address Hamilton MT 59840 City, State, Zip Code			6/28/14		73.00
Labor Ready Northwest Inc Name 1015 "A" St Address Tacoma WA 98402 City, State, Zip Code		Signature gathering 6/3/14 BB \$170.09 GB \$162.69 RD \$29.58 JW \$207.06 LJ \$192.27 CM \$207.06 JM \$162.69 CG \$199.67 GF \$199.67 RC \$207.06 JG \$199.67 6/6 RC \$86.56 LJ \$66.56 transaction fees	7/2/14		2070.63
Paypal Name Address City, State, Zip Code			7/4/14		5.55
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					2921.32 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	Amount PRIMARY GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
Pure Talk		cell phone	7/3	10.00
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH				10.00 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures -- This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY	Amount	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee REQUIRED							
Name _____ Address _____ City, State, Zip Code _____							
Name _____ Address _____ City, State, Zip Code _____							
Name _____ Address _____ City, State, Zip Code _____							
Name _____ Address _____ City, State, Zip Code _____							
Name _____ Address _____ City, State, Zip Code _____							
Name _____ Address _____ City, State, Zip Code _____							
Name _____ Address _____ City, State, Zip Code _____							
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH							
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total						2931.32	✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-5 (page 7)

[illegible]

TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH

TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4) in this total

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction
5/29/14	6/10/14 for 5/25-6/5	omitted Lizbeth Pratt Inkind/ occupation provided previously	facebook boost \$250 5/23-5/29
6/4/14	6/10/14 for 5/25-6/5	omitted cell phone charges	PureTalk \$40 6/4/14
6/2/14	6/10/14 for 5/25-6/5	omitted facebook boost	facebook boost \$40 5/31

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

EXHIBIT 11

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov

FORM C-2 (Revised 06/12)

STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One):

- ☐ POLITICAL ACTION COMMITTEE
☐ POLITICAL PARTY COMMITTEE
☒ BALLOT ISSUE COMMITTEE
☐ INCIDENTAL COMMITTEE
☐ OTHER

ORIGINAL FILING ☐AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2015 FEB 11 P 2:27

COMMISSIONER OF
POLITICAL PRACTICES

FULL NAME OF COMMITTEE (Refer to Montana Code Annotated § 13-37-210, Naming and Labeling Statute)

Trap Free Montana Public Lands

COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 59840
(Including City, State, Zip Code)COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

Incorporated: (Check one)



YES

☒

NO

FULL NAME OF COMMITTEE TREASURER Dr. Shura Bugreef, DVMCOMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 59840
(Including City, State, Zip Code)COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)Info@trapfreemt.org

406-218-1170

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

FULL NAME OF DEPUTY TREASURER(S), if any * KC YorkCOMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 59840
(Including City, State, Zip Code)COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)Info@trapfreemt.org

406-218-1170

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

* attach list if necessary

COMMITTEE ACCOUNT INFORMATION

FULL NAME OF BANK First Security BankCOMPLETE ADDRESS 100 Main Street Hamilton MT 59840
(Including City, State, Zip Code)

SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, if any (attach list if necessary)

FULL NAME OF BANK _____

COMPLETE ADDRESS _____
(Including City, State, Zip Code)

I hereby verify that the foregoing statements are true and correct.

Deputy Treasurer 2/11/15

Officer's Signature Title Date

For County, Municipal, or School committees only: Please check this box if contributions/expenditures will not exceed \$500.
(If \$500 is exceeded, filing of campaign finance reports will be required.)

Notice: you must follow up with a signed hard copy to CPP. Delivery receipt of this form will appear in your email. For further guidance, contact CPP at (406) 444-2942. (Internet Explorer is recommended)

EXHIBIT 12

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
 Post Office Box 202401
 Helena, MT 59620-2401
 TELEPHONE: 406-444-2942
 FAX NUMBER: 406-444-1643
 WEBSITE: www.politicalpractices.mt.gov

Baker

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☐AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347, Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From March 5, 2014

To April 5, 2014

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2014 APR 10 P 4:50

COMMISSIONER OF
POLITICAL PRACTICES

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report.....	\$ 1537.99
2. RECEIPTS - Total received and deposited this period from Schedule A.....	\$ 1265.00
3. CORRECTIONS - Addition or subtraction from Schedule D.....	(Circle: + or -) - \$
	Subtotal
4. EXPENDITURES - Total paid out this period from Schedule B.....	\$ 363.88
5. CASH IN BANK - Ending balance this report.....	\$ 2439.11

CERTIFICATION

I, KC York

Deputy Treasurer

Title

Name: _____ Title: _____ certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

NOTE: Report **MUST BE SIGNED** by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

C-6 (page 2)

SCHEDULE A.
Receipts – This Reporting Period

1. Contributions Less Than \$35 Each (Total)			In-Kind		Cash or Check Amount	Total to Date Amount
			Description	Value		
2. Loans		Occupation & Employer REQUIRED	Loan Date Required		81	81
Creditor's full name / complete Mailing address <u>REQUIRED</u> Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____				
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date Required				
Dog, horse and people treats for fair event		3/15/14	5 plates sugar cookies, 4 bags nobake	30		30
Sale of horse, people and dog treats for fair event to 55 people		3/15/14	sold 1 bag horse treat, 5 plates & 4 bags people	49		49
TOTAL RECEIPTS THIS PAGE				30	130	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

Receipts – This Reporting Period (continued)

Political Action Committee Contributions
Committee's full registered name and complete mailing address **REQUIRED**

SCHEDULE A. Receipts – This Reporting Period (continued)				In-Kind		Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED		Date Received Required	Description	Value			
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.
Receipts - This Reporting Period (continued)
8. Corporate Contributions (PAC's & Ballot Issues Only)
 Full name and mailing address **REQUIRED**
for Independent Expenditures Only!

	Date Received Required	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
TOTAL RECEIPTS THIS PAGE				0	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 4)

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
TOTAL RECEIPTS THIS PAGE					0	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts – This Reporting Period (continued)**9. Individual Contributors of \$35 or More**REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTIONREQUIRED: Full name, complete mailing address, occupation & employer

		In-Kind		Cash or Check	Total to Date
		Description	Value	Amount	Amount
Jan Williams Name _____ 668 N Rodney Address _____ Helena, MT 59601 City, State, Zip Code _____		Info requested _____ Occupation _____ Employer _____		35	35
Rebecca Lovejoy Name _____ 206 Nighthawk Lane Address _____ Hamilton, MT 59840 City, State, Zip Code _____		retired _____ Occupation _____ Employer _____		100	100
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____			
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____			
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____			
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____			
TOTAL RECEIPTS THIS PAGE				135	
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 – 9) in this total					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION**REQUIRED:** Full name, complete mailing address, occupation & employer

9. Individual Contributors of \$35 or More		In-Kind		Cash or Check Amount	Total to Date Amount
REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer		Description	Value		
Stephen Gies				50	50
Name	retired				
4041 Pine Cove Rd	Occupation				
Address					
Billings, MT 59106	Employer				
City, State, Zip Code					
Bruce Desoria				200	200
Name	retired				
PO Box 561	Occupation				
Address					
Helena, MT 59624	Employer				
City, State, Zip Code					
Patti Pastor				500	500
Name	hotel mgt				
Box 243	Occupation				
Address	self				
Bigfork, MT 59911	Employer				
City, State, Zip Code					
Lisa Colonna				150	150
Name	dentistry				
PO Box 4193	Occupation				
Address	MT Center for Las				
Whitefish, MT 59937	Employer				
City, State, Zip Code					
Zack Strong				100	100
Name	wildlife advocate				
2050 W Babcock St # 31	Occupation				
Address	NRDC				
Bozeman, MT 59178	Employer				
City, State, Zip Code					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
PureTalk		cell phone	3/3/14		
Name					
Address puretalkusa.com					10
City, State, Zip Code					
Pure Talk		cell phone	3/28/14		
Name					
Address puretalkusa.com					10
City, State, Zip Code					
Facebook		promotion	4/1/14		
Name					
Address					25.25
City, State, Zip Code					
Paypal		fees	3/5/14-4/5/14		
Name					
Address					28.95
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					74.20

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
US Post Office	Name 150 N 4th St Address Hamilton, MT 59840 City, State, Zip Code	postage	3/5/14	7.61
Costco	Name 3220 N Reserve St Address Missoula, MT 59808 City, State, Zip Code	posters	3/15/14	11.98
Walmart	Name 4000 Hwy 93 S Address Missoula, MT 59804 City, State, Zip Code	frames	3/15/14	11.94
Lewis & Clark Humane Society Fundraiser	Name 1712 E Custer Ave Address Helena, MT 59602 City, State, Zip Code	attendance	3/15/14	45.00
Vistaprint	Name 95 Hayden Ave Address Lexington, MA 02421 City, State, Zip Code	promotional materials	3/18/14	213.15
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				289.68

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B.
Expenditures – This Reporting Period

3. Independent Expenditures
Full name and complete mailing address
of each payee **REQUIRED**

	Purpose	Candidate/ Issue	Date	Amount	
				PRIMARY	GENERAL
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					

TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH

TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) In this total

0
363.88

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B.
Expenditures – This Reporting Period

4. Corporate Independent Expenditures
Full name and complete mailing address
of each payee **REQUIRED**

	Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL Amount
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					

TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH

TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4) in this total

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

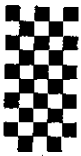
SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor REQUIRED		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

**F A X**

To: Commissioner of Political Practices
Fax number: 406-444-1643

From: KC York
Fax number: 406.363.7287

Date: 1/17/2014

Regarding: Form C-2

Phone number for follow-up:
406-360-9095

Comments:

Please find attached Form C-2, Statement of Organization.

I, KC York, coordinator for the Ballot Issue Committee, Trap Free Montana Public Lands, will also be a deputy treasurer and the point of contact.

Thank you for all your assistance!

KC

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov

FORM C-2 (Revised 06/12)

STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One):

- ☐ POLITICAL ACTION COMMITTEE
☐ POLITICAL PARTY COMMITTEE
☒ BALLOT ISSUE COMMITTEE
☐ INCIDENTAL COMMITTEE
☐ OTHER

ORIGINAL FILING



AMENDED FILING



TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2014 JAN 17 P 4:44

COMMISSIONER OF
POLITICAL PRACTICES

FULL NAME OF COMMITTEE (Refer to Montana Code Annotated § 13-37-210, Naming and Labeling Statute)

Trap Free Montana Public Lands

COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 59840
(Including City, State, Zip Code)COMPLETE STREET ADDRESS
(Including City, State, Zip Code)

Incorporated: (Check one)



YES



NO

FULL NAME OF COMMITTEE TREASURER Dr. Shura Bugraef, DVM

COMPLETE MAILING ADDRESS PO Box 1347 Hamilton MT 59840
(Including City, State, Zip Code)COMPLETE STREET ADDRESS same
(Including City, State, Zip Code)

info@trapfreemt.org

406-360-9095

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

FULL NAME OF DEPUTY TREASURER(S), if any * KC York Point of Contact; Coordinator, responsible for records & reporting

COMPLETE MAILING ADDRESS PO Box 1347 Hamilton MT 59840
(Including City, State, Zip Code)COMPLETE STREET ADDRESS
(Including City, State, Zip Code)

info@trapfreemt.org

406-360-9095

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

* attach list if necessary

COMMITTEE ACCOUNT INFORMATION

FULL NAME OF BANK First Security Bank

COMPLETE ADDRESS 100 Main Street Hamilton, Montana 59840
(Including City, State, Zip Code)

SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, if any (attach list if necessary)

FULL NAME OF BANK

COMPLETE ADDRESS

(Including City, State, Zip Code)

ADDITIONAL OFFICERS (attach list if necessary)OFFICERS FULL NAME Mary Wuff TITLE deputy treasurerCOMPLETE MAILING ADDRESS PO Box 1347 Hamilton, Montana 59840
(Including City, State, Zip Code)COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)info@trapfreemt.org

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

OFFICERS FULL NAME Mary Saruni TITLE Secondary CoordinatorCOMPLETE MAILING ADDRESS PO Box 1347 Hamilton, Montana 59840
(Including City, State, Zip Code)COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)info@trapfreemt.org

E-Mail Address (Please Print)

Home Telephone Number

406-360-9095

Work Telephone Number

Facsimile Number

PURPOSE OF COMMITTEE and/or

SUPPORT

OPPOSE

DATE OF ELECTION

NAME(S) OF CANDIDATE(S) or BALLOT ISSUE (S)

Montana Trap-Free Public Lands Act

SUPPORT

OPPOSE

DATE OF ELECTION

yes

11/04/2014

CERTIFICATION

I hereby verify that the foregoing statements are true and correct.

Officers Signature

deputy treasurer/coordinator

Title

01/17/2014

Date

☐ For County, Municipal, or School committees only: Please check this box if contributions/expenditures will not exceed \$500.
(If \$500 is exceeded, filing of campaign finance reports will be required.)

Notice: You must sign up on line signed form copy to CFB. Delivery receipt of this form
will appear in your email. For further guidance, contact CFB at (406) 444-2942
Information Explorer is recommended.

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

Ballet



FOR OFFICE USE ONLY
Date Received and Postmark Date
RECEIVED
2014 MAY 19 P 4:49
COMMISSIONER OF
POLITICAL PRACTICES

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From May 6, 2014

To May 14, 2014

Initial Report

☒ Periodic Report☐ Closing Report☐ No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 2339.18
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 300.00
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$ +
- Subtotal..... \$ 2639.18
4. EXPENDITURES - Total paid out this period from Schedule B..... \$ 17.23
5. CASH IN BANK - Ending balance this report..... \$ 2621.95

CERTIFICATION

1. KC York

Name

deputy treasurer

Title

certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form or file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A Receipts -- This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name						
Address						
City, State, Zip Code						
TOTAL RECEIPTS THIS PAGE					0	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 3)

SCHEDULE A
Receipts - This Reporting Period (continued)
8. Corporate Contributions (PAC's & Ballot Issues Only)
Full name and mailing address. REQUIRED
for Independent Expenditures Only

	Date Received	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
TOTAL RECEIPTS THIS PAGE			0	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <u>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</u> <u>REQUIRED: Full name, complete mailing address, occupation & employer</u>		In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
Ivy Merlot Name 1302 Wildflower Way Address Bozeman MT 59715 City, State, Zip Code	Ed Consultant/arc Occupation self Employer		100.00		100.00
Ron Kullick Name PO Box 2217 Address Hamilton MT 59840 City, State, Zip Code	retired Occupation Employer		100.00		100.00
Terry Spath Name 431 W Mercury Address Butte MT 59701 City, State, Zip Code	aviator Occupation self Employer		100.00		100.00
Name Address City, State, Zip Code	Occupation Employer				
Name Address City, State, Zip Code	Occupation Employer				

TOTAL RECEIPTS THIS PAGE

300.00

TOTAL RECEIPTS THIS REPORTING PERIOD**Include ALL of Schedule A (Sections 1 - 9) in this total**

300.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					0
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
US Post Office		Mailings	5/14/14		
Name 150 N 4TH					
Address Hamilton MT 59840					14.03
City, State, Zip Code					
Paypal		service charge	5/10/14		
Name					
Address					3.20
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH					17.23

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 7)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee REQUIRED						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH						0
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) In this total						17.23

TYPE OR PRINT CLEARLY IN INK

C-8 (page 7)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Candidate/ Issue	Date	Amount PRIMARY GENERAL	
A. Corporate Independent Expenditures Full name and complete mailing address of each payee REQUIRED						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					0	
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 -4) In this total						17.23

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands
FULL REGISTERED NAME OF COMMITTEE
PO Box 1347 Hamilton, MT 59840
COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

REPORTING PERIOD
From June 6, 2014
To June 18, 2014

<input type="checkbox"/>	Initial Report
<input checked="" type="checkbox"/>	Periodic Report
<input type="checkbox"/>	Closing Report
<input type="checkbox"/>	No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 5504.76

2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 85.00

3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$

Subtotal \$ 5589.76

4. EXPENDITURES - Total paid out this period from Schedule B..... - \$ 265.81

5. CASH IN BANK - Ending balance this report..... \$ 5323.95

CERTIFICATION

I, KC York, Deputy Treasurer, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

FOR OFFICE USE ONLY
Date Received and Postmark Date

FAXED

RECEIVED
2014 JUN 23 A 7:21
COMMISSIONER OF
POLITICAL PRACTICES

TYPE OR PRINT CLEARLY IN INK

C-5 (page 3)

SCHEDULE A.
Receipts - This Reporting Period (continued)
4. Political Action Committee Contributions
 Committee's full registered name and complete mailing address **REQUIRED**

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-4 (page 4)

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED Name _____ Address _____ City, State, Zip Code _____		Date Required			
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED Name _____ Address _____ City, State, Zip Code _____		Date Required			
Name _____ Address _____ City, State, Zip Code _____					
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED Name _____ Address _____ City, State, Zip Code _____		Date Required			
Name _____ Address _____ City, State, Zip Code _____					

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.
Receipts - This Reporting Period (continued)**8. Corporate Contributions (PAC's & Ballot Issues Only)**
Full name and mailing address REQUIRED
for Independent Expenditures Only!

	Date Received Required	Description In-Kind Value	Cash or Check Amount	Total to Date Amount
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
TOTAL RECEIPTS THIS PAGE				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of \$35 or More <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED:</u> Full name, complete mailing address, occupation & employer		In-Kind Description	Value	Cash or Check Amount	Total to Date Amount
Name *	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					

TOTAL RECEIPTS THIS PAGE**TOTAL RECEIPTS THIS REPORTING PERIOD**
Include ALL of Schedule A (Sections 1 – 9) in this total

0	0
98.00	85.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	Amount PRIMARY GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
PayPal Name _____ Address _____ City, State, Zip Code _____		transaction fees	6/14/14	1.03
Tom Gignoux Name _____ Address _____ City, State, Zip Code _____		office supplies, copying, mailing, mileage	6/11/14	255.68
USPS Name _____ Address _____ City, State, Zip Code _____		postage	2.10	2.10
USPS Name _____ Address _____ City, State, Zip Code _____		postage	7.00	7.00
Name _____ Address _____ City, State, Zip Code _____				
TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH				265.81

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee REQUIRED						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH						
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B /Sections 1 - 3) In this total						265.81

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL Amount
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4) In this total					

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor REQUIRED		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

Ballot

FORM C-6 (Revised 04/08)
POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒

AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands
FULL REGISTERED NAME OF COMMITTEE
PO Box 1347 Hamilton, MT 59840
COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

REPORTING PERIOD
From July 6, 2014
To August 5, 2014

☒ Initial Report
☒ Periodic Report
☐ Closing Report
☐ No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 2522.63
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 0
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) .. \$
- Subtotal \$ 2522.63
4. EXPENDITURES - Total paid out this period from Schedule B..... \$ 1768.86
5. CASH IN BANK - Ending balance this report..... \$ 753.77

CERTIFICATION

I, KC York, Deputy Treasurer, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

FOR OFFICE USE ONLY
Date Received and Remark Date
RECEIVED

2014 AUG 11 A 7:41
COMMISSIONER OF
POLITICAL PRACTICES

C-6 (page 2)

Receipts – This Reporting Period[illegible]

TOTAL RECEIPTS THIS PAGE

Q

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

4. Political Action Committee Contributions
Committee's full registered name and complete mailing address REQUIRED

Total to Date Amount0

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A. Receipts -- This Reporting Period (continued)		Date <i>Received</i>	Description	In-Kind <i>Value</i>	Cash or Check <i>Amount</i>	Total to Date <i>Amount</i>
5. Political Party Committee Contributions <i>Full name and complete mailing address REQUIRED</i>		Date <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
6. Incidental Committee Contributions <i>Full name and complete mailing address REQUIRED</i>		Date <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____						
7. Other Political Committee Contributions <i>Full name and complete mailing address REQUIRED</i>		Date <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____						

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period (continued)			In-Kind Description Value	Cash or Check Amount	Total to Date Amount
8. Corporate Contributions (PAC's & Ballot Issues Only) Full name and mailing address. REQUIRED <i>for Independent Expenditures Only!</i>		Date Received Required			
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of \$35 or More <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED:</u> Full name, complete mailing address, occupation & employer		In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____			
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____			
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____			
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____			
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____			

TOTAL RECEIPTS THIS PAGE	0	0
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 – 9) in this total	0	0

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
Labor Ready Northwest Inc Name 1015 "A" Street Address Tacoma WA 98402 City, State, Zip Code		Signature gathering 6/6/14 for RC \$29.58, LJ \$22.19 6/7/14 for RC \$29.58, LJ \$73.95, GF \$73.95, AW \$73.95, RD \$88.74, JM \$88.74, 6/9/14 for JM \$29.58	7/8/14	\$510.26	
Labor Ready Northwest Inc Name 1015 "A" Street Address Tacoma WA 98402 City, State, Zip Code		Signature gathering 6/14/14 for RN 118.32, ZC 118.32, DL 118.32, JH 118.32, NE 118.32, FB 118.32, GM 118.32, JI 118.32, JI 118.32, FJ 118.32, CA 118.32, 6/17/14 for ZC 14.79, DL 14.79, JH 14.79, FJ 14.79 postage	7/16/14	\$1242.36	
USPS Name 150 N 4th St Address Hamilton MT 59840 City, State, Zip Code			7/9/14	\$6.24	
Pure Talk Name Address City, State, Zip Code		cell phone	8/3/14	\$10.00	
Name Address City, State, Zip Code					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				\$1768.86	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee REQUIRED					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total					1768.86

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

Amount	PRIMARY	GENERAL
--------	---------	---------

4. Corporate Independent Expenditures
Full name and complete mailing address
of each payee **REQUIRED**

[illegible]

TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH

TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4) in this total

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED.

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08)
POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☒

AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands
FULL REGISTERED NAME OF COMMITTEE
PO Box 1347 Hamilton MT 59840
COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

REPORTING PERIOD
From August 6, 2014
To September 5, 2014

Initial Report ☐
Periodic Report ☒
Closing Report ☐
No transactions in period ☐

CASH SUMMARY: MONEY RECEIVED AND SPENT	
1. CASH IN BANK - Balance from previous report.....	\$ 753.77
2. RECEIPTS - Total received and deposited this period from Schedule A.....	\$ 0
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -)	\$ 0
Subtotal	\$ 753.77
4. EXPENDITURES - Total paid out this period from Schedule B.....	\$ 210.00
5. CASH IN BANK - Ending balance this report.....	\$ 543.77

CERTIFICATION

I, KC York, deputy treasurer, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

FOR OFFICE USE ONLY
Date Received and Postmark Date
2014 SEP 10 12 1:24
RECEIVED
POLITICAL PRACTICES

C-6 (page 2)

**Total to Date
Amount**

Amount

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-5 (page 3)

Receipts – This Reporting Period (continued)

4. Political Action Committee Contributions
Committee's full registered name and complete mailing address **REQUIRED**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name _____ Address _____ City, State, Zip Code _____						
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name _____ Address _____ City, State, Zip Code _____						
TOTAL RECEIPTS THIS PAGE				0	00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.
Receipts – This Reporting Period (continued)

8. Corporate Contributions (PAC's & Ballot Issues Only)
Full name and mailing address **REQUIRED**
for Independent Expenditures Only

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				

TOTAL RECEIPTS THIS PAGE

0

00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of \$35 or More <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED:</u> Full name, complete mailing address, occupation & employer		In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____ Name _____ Address _____ City, State, Zip Code _____ Name _____ Address _____ City, State, Zip Code _____ Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____ Occupation _____ Employer _____ Occupation _____ Employer _____ Occupation _____ Employer _____			

TOTAL RECEIPTS THIS PAGE
TOTAL RECEIPTS THIS REPORTING PERIOD
 Include ALL of Schedule A (Sections 1 – 9) in this total

0

0

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures -- This Reporting Period		Purpose	Date	Amount	
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				PRIMARY	GENERAL
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
Montana Secretary of State		File transfer service	8/15/14		
Name PO Box 202801					
Address Helena MT 59620					200.00
City, State, Zip Code					
PureTalk		cell phone	9/3/14		
Name					
Address					10.00
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					210.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 7)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee REQUIRED						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					0	
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total					210.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					0
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4 in this total)					210.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov*Bald*FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2014 OCT 17 P 4:30

COMMISSIONER OF
POLITICAL PRACTICESFORM C-6 (Revised 04/08)
POLITICAL COMMITTEE FINANCE REPORTORIGINAL FILING ☒AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From Sept 6, 2014

To October 15, 2014

Initial Report	<input type="checkbox"/>
Periodic Report	<input checked="" type="checkbox"/>
Closing Report	<input type="checkbox"/>
No transactions in period	<input type="checkbox"/>

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 543.77
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 0
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$ 0
- Subtotal \$ 543.77
4. EXPENDITURES - Total paid out this period from Schedule B..... - \$ 10.00
5. CASH IN BANK - Ending balance this report..... \$ 533.77

CERTIFICATION

I, KC York

Deputy Treasurer

certify the foregoing report of campaign finances with

all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.**Receipts – This Reporting Period (continued)****4. Political Action Committee Contributions**
Committee's full registered name and complete mailing address **REQUIRED**

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Registered Name Address City, State, Zip Code Registered Name Address City, State, Zip Code Registered Name Address City, State, Zip Code Registered Name Address City, State, Zip Code				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A.
Receipts – This Reporting Period (continued)

	Date Received	Description In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED	Date Required			
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED	Date Required			
Name				
Address				
City, State, Zip Code				
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED	Date Required			
Name				
Address				
City, State, Zip Code				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.
Receipts – This Reporting Period (continued)
8. Corporate Contributions (PAC's & Ballot Issues Only)
 Full name and mailing address. **REQUIRED**
for Independent Expenditures Only.

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION**REQUIRED:** Full name, complete mailing address, occupation & employer

			In-Kind	Cash or Check	Total to Date
			Description	Amount	Amount
			Value		
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					

TOTAL RECEIPTS THIS PAGE**TOTAL RECEIPTS THIS REPORTING PERIOD**

Include ALL of Schedule A (Sections 1 - 9) in this total

26.00

0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
PureTalk		cell phone	10/3/14		10.00
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					10.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 7)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH						
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total						10.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☐AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton, MT 59840

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From April 6, 2015

To Sept 5, 2015

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED

2015 SEP 10 A 6:35

COMMISSIONER OF
POLITICAL PRACTICES

Initial Report

Periodic Report

Closing Report

Net transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 829.34
2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 193.00
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$ -76.28
- Subtotal..... \$ 946.06
4. EXPENDITURES - Total paid out this period from Schedule B..... \$ 139.14
5. CASH IN BANK - Ending balance this report..... \$ 806.92

CERTIFICATION

I, Deborah Presnell, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

C-6 (page 2)

1. Contributions Less Than \$35 Each (Total)

**Loan
Date
Required**

Occupation	Employer
------------	----------

Occupation	Employer
------------	----------

<u>Occupation</u>	<u>Employer</u>
-------------------	-----------------

Date
Required

119/15-5/30/1

178.00

postage	18.00
---------	-------

Cash or Check
Amount

15.00

**Total to Date
Amount**

33.00

193.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A.

Receipts – This Reporting Period (continued)

4. Political Action Committee Contributions
Committee's full registered name and complete
mailing address REQUIRED

SCHEDULE A. Receipts – This Reporting Period (continued)			In-Kind Description	Value	Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED		Date Received Required				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>						
TOTAL RECEIPTS THIS PAGE						

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name					
Address					
City, State, Zip Code					
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required			
Name					
Address					
City, State, Zip Code					
TOTAL RECEIPTS THIS PAGE					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

SCHEDULE A. Receipts – This Reporting Period (continued)			In-Kind Description Value	Cash or Check Amount	Total to Date Amount
8. Corporate Contributions (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED <i>for Independent Expenditures Only</i>		Date Received Required			
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE A. Receipts – This Reporting Period (continued)**9. Individual Contributors of \$35 or More****REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION**
REQUIRED: Full name, complete mailing address, occupation & employer

		In-Kind Description	Value	Cash or Check Amount	Total to Date Amount
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					
Name	Occupation				
Address	Employer				
City, State, Zip Code					

TOTAL RECEIPTS THIS PAGE**TOTAL RECEIPTS THIS REPORTING PERIOD**
Include ALL of Schedule A (Sections 1 – 9) in this total

193.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED					
Pure Talk		Cell phone monthly charge	5/3/15, 6/4/15, 7/3/15, 8/3/15, 9/3/15		50.00
Name _____ Address _____ City, State, Zip Code _____					
USPS		Post Office Box	6/29/15		82.00
Name _____ Address _____ City, State, Zip Code _____					
Paypal		Transaction Fees	4/19/15-5/31/15		7.14
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					139.14

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee REQUIRED						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					0	
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total						139.14

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL Amount
4. Corporate Independent Expenditures Full name and complete mailing address of each payee REQUIRED						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH					0	
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-4) In this total						139.14

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor REQUIRED		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction
3/10/14	C-6 3/5-4/5/14 Sch B	Missed debt charge for postage \$1.95	expense \$1.95
4/2/14	C-6 3/5-4/5/14 Sch B	Missed facebook boost debit chrg \$14.75	expense \$14.95
4/4/14	C-6 3/5-4/5/14 Sch B	Missed reporting Pure Talk cellphone chrg \$10.00	expense \$10.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor REQUIRED		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction
6/2/14	C-6 5/25-6/5/14 Sch B	Missed reporting Facebook boost chrg \$40.00	expense 40.00
3/2/15	C-6 11/20/14-3/5/15 Sc	Missed reporting Facebook boost chrg \$9.59	expense 9.59

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

EXHIBIT 13

SEARCH

Commissioner of Political Practices

[Campaign Information](#) [Lobbying](#) [Ethics](#) [Complaints](#) [About the Agency](#)

[Home](#) » [About The Agency](#) » [Mission Statement and History](#)

Mission Statement

To monitor and to enforce, in a fair and impartial manner, campaign practices and campaign finance disclosure, lobbying disclosure, business interest disclosure of statewide and state district candidates, elected state officials, and state department directors, ethical standards of conduct for legislators, public officers, and state employees, and to investigate legitimate complaints that arise concerning any of the foregoing.

History

Year Changes

1975 Office of Commissioner of Campaign Finances & Practices: established for full disclosure and reporting of the sources and disposition of funds used to influence elections in Montana

1981 Additional responsibilities added to Office of Commissioner of Political Practices: both lobbying disclosure and disclosure of business interests of elected officials

1987

1993 Code of Ethics enacted: responsibility added for the administration of 1994 ethical standards of conduct for legislators, public officers, and state

1995 employees

1999

2005 2008: Campaign practice complaints dramatically
2006 increase in number. The complaint docket becomes
2007 increasingly large with 40 or more complaints
2008 routinely listed on docket. Up to this time COPP has
2009 a four person staff consisting of the Commissioner
2010 and 3 staff. All legal work has been handled by outside
counsel working under contract with COPP

2010: Investigator position added to COPP staff,
increasing staff size to five.

2011 In-house counsel position added to COPP staff,
2012 increasing staff size to six.

2013

2014

2015

2016

Commissioner

John H. Hanson

Peg Krivec

Dolores Colburg
Ed Argenbright

Linda Vaughey

Gordon Higgins
(through July 2006)

Dennis Unsworth
(from Sept. 2006)

Jennifer L. Hensley
(through May 2011)

David B. Gallik
(through Jan. 2012)

James W. "Jim" Murry
(through April 2013)

Jonathan Motl
(June 10, 2013 to current time)

Commissioner of Political Practices:

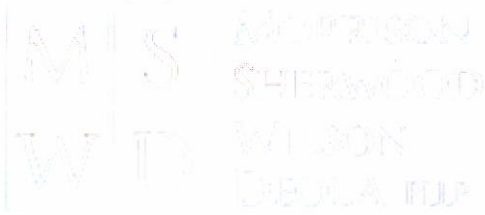
- is appointed by the governor, confirmed by the State Senate;
- has one single six (6) year term and is ineligible to serve again as commissioner

PRIVACY & SECURITY

MONTANA.GOV
OFFICIAL STATE WEBSITE

ACCESSIBILITY

EXHIBIT 14



- [Home](#)
- [Firm Overview](#)
- [Attorneys](#)
- [Practice Areas](#)
- [Cases](#)
- [News](#)
- [Contact Us](#)

Firm Overview

Focus

Morrison, Sherwood, Wilson, & Deola, PLLP is an AV rated civil firm composed of public interest trial lawyers. We fight for our clients in cases that help make Montana safer and fairer for everyone. Our cases have recovered millions of dollars for individuals and businesses in this state while shaping the law in important ways. We believe insurance companies, banks and investment companies should treat people fairly. We believe those who are wrongfully injured should be fully compensated. We believe that workers should be treated fairly too, products should be safe, government should be open, and our natural resources should be treated with care and respect. We believe that constitutional rights deserve protection and that the quality of your lawyer should not depend on the size of your bank account.

Firm History

Morrison, Sherwood, Wilson and Deola has a long history of public interest advocacy and protecting the rights of everyday Montanans. The firm began as Reynolds, Motl and Sherwood in 1982 when James Reynolds and Jonathan Motl opened a storefront law firm in downtown Helena. Over the next 28 years, the firm grew to include partners Rick Sherwood, Lin Deola and Kim Wilson, and associates Andree Larose and Brian Miller, as well as Brenda Lindlief Hall (who recently left the firm to work for a conservation group). Reynolds, Motl and Sherwood developed a reputation as a dogged public interest law firm, experienced at both the trial and appellate court level. The firm bought and restored an historic building in downtown Helena.

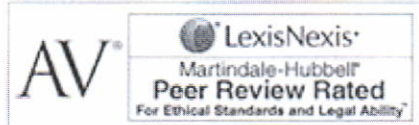
In 2010, James Reynolds was elected as a Judge in the 1st Judicial District. Upon Jim's departure, John Morrison became a partner in the firm. He had previously practiced with the firm of Meloy and Morrison in the 1990s, where he served as President of the Montana Trial Lawyers' Association and handled a wide variety of civil litigation, including representing the State of Montana in the Tobacco Litigation. After being elected twice as Montana State Auditor and Commissioner of Insurance and Securities, John returned to private practice in Helena before joining the firm in 2010.

In 2013, Jonathan Motl was appointed by Montana Governor Steve Bullock as the State's Commissioner of Political Practices and left the firm.

Morrison, Sherwood, Wilson and Deola continue their dedication to carrying on the strong tradition of civil trial work and advocacy in Montana.



Martindale Hubbell AV® Rating



American Board
of Trial Advocates

Copyright 2015 Morrison, Sherwood, Wilson & Deola, PLLP - All Rights Reserved

Nothing on this website is intended to offer advice about a specific legal situation, nor does it create a lawyer-client relationship. The State of Montana does not certify lawyers as experts in any area of law.

By Morrison, Sherwood, Wilson, & Deola, PLLP